

# COMMONWEALTH OF VIRGINIA



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## DIVISION OF LEGISLATIVE SERVICES

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Kim Snead  
Executive Director  
Joint Commission on Health Care

Dear Ms. Snead:

As discussed at the beginning of the 2011 interim, I am writing to share with the Joint Commission on Health Care information about options for in-state neurobehavioral therapy for persons with brain injuries that the Disability Commission has received over the course of the last two years. Also included below is information about the Disability Commission's final recommendation, approved during the Commission's September meeting, related to brain injury services generally and in-state neurobehavioral therapy options specifically.

### **Summary of Information on In-State Neurobehavioral Treatment Options for Brain Injury**

The issue of a lack of in-state, publicly funded neurobehavioral treatment options for individuals with brain injuries was first brought to the Disability Commission's attention during the 2010 interim. According to a study published by the Joint Legislative Audit and Review Commission in 2007, there is virtually no system of care in the community for people with behavioral problems, including persons with behavioral problems resulting from brain injuries, who do not have financial resources to pay for private care. The general shortage of appropriate community-based treatment options for persons with traumatic brain injuries creates a situation in which individuals with brain injuries face significant difficulty in accessing services. As a result, individuals with brain injuries face a substantial risk of placement in a skilled nursing home, local jail, local licensed hospital, or state prison where services are limited or may not be tailored to meet their unique needs.

Testimony offered to the Disability Commission indicated that in many cases, nursing homes, hospitals, and other institutions are not prepared to serve individuals with brain injuries, particularly individuals experiencing severe behavioral problems. Individuals with behavioral issues resulting from brain injuries are often refused by nursing homes or hospitals, and may find themselves moving from facility to facility in an attempt to find a setting that is able to meet their needs. This problem is exacerbated by a shortage of neurobehavioral services in the Commonwealth.

In May of 2010, the Department of Rehabilitative Services published a report indicating that more than 250,000 Virginians age 18 or older have brain injuries caused by traumatic injuries or strokes. Many of these individuals experience cognitive and behavioral problems, the most prevalent and disabling long-term complications of acquired brain injuries. These problems, called the neurobehavioral cluster, include problems with thinking, memory, attention, perception, language, impulse control, insight, mood, social behavioral, and substance abuse. Individuals with brain injuries and injury-related complications often require specialized treatment including neurobehavioral therapy. However, as of May 2010, only 20 neurobehavioral treatment beds were available in the Commonwealth, and all of those beds were located in private facilities and not reimbursed by Medicaid or many private insurance policies. As a result, many people who need neurobehavioral therapy are not able to access services.

While access to neurobehavioral therapy services in the Commonwealth is limited and access to publicly funded neurobehavioral therapy services does not exist, a few individuals are able to access necessary, Medicaid-funded services by transferring to facilities that are outside of Virginia. To be eligible for a Medicaid-funded out-of-state neurobehavioral therapy placement, an individual must qualify for Medicaid services and must be rejected by all available in-state options. Based on information made available to the Disability Commission in September of 2011, 10 individuals are currently placed out of state due to lack of appropriate in-state publicly funded brain injury services. The average daily cost of these out-of-state services accruing to the state is \$380.

### **Summary of Recommendations Related to Brain Injury Services & Neurobehavioral Therapy Options**

Based on information made available to the Disability Commission during 2010 and 2011, the Disability Commission approved, at its September 20, 2011, meeting, the following recommendation related to brain injury services generally and publicly-funded, in-state neurobehavioral therapy options specifically:

The Disability Commission recommends inclusion in the 2012 Appropriation Act of language providing \$6.5 million in each year of the biennium to the Department of Rehabilitative Services to restore funding and eliminate waiting lists for brain injury services, including (i) eliminating waiting lists and adding core services including adult and pediatric case management, clubhouses/day programs, and regional resource coordination in underserved areas; (ii) building capacity for and streamlining and modernizing delivery of case management for services delivered through state-funded brain injury programs; (iii) conducting brain injury surveillance, outreach, and consultation services; (iv) enhancing the Personal Assistance Services for people with Brain Injury program and expanding the Brain Injury Discretionary Services Fund; (v) creating a discharge assistance fund for persons who transfer from institutional to community-based settings; and (vi) developing publicly funded, in-state neurobehavioral treatment options.

It is the Disability Commission's belief that brain injury services generally and publicly funded, in-state neurobehavioral therapy options specifically are necessary services and that providing such services will contribute to the well-being of the citizens of Virginia. The Disability Commission sent a letter stating its recommendation to the Governor following its September 20, 2011, meeting and will recommend a budget amendment to provide such funding if this recommendation is not included in the Governor's proposed budget.

I will be happy to address any questions you may have on this issue.

Sincerely,

A handwritten signature in cursive script that reads "Sarah E.B. Stanton". The signature is written in black ink and is positioned above the typed name.

Sarah E.B. Stanton  
Staff Attorney, Division of Legislative Services